

*Successful division of the Adductor Longus Femoris Muscle for Deformity and loss of motion in the inferior extremity.*—Professor PAUL F. EVE has successfully divided, (as we learn from the *Southern Med. and Surg. Journal*), the adductor longus femoris muscle for the cure of a deformity of the left lower limb, in a robust, muscular man 22 years of age. The deformity, which is not clearly described, seems to have consisted in a shortening of the left lower limb, of about one inch, the thigh being flexed on the pelvis; “the foot turned inwards, and the whole limb inclined in this direction; the foot could not be carried out farther than about twelve inches from the median line of the body.” In the internal and upper third of the thigh, there was a *hard substance*, feeling like hempen rope, situated just under the skin. It was about four inches long by one and a half broad. It could be isolated from the surrounding tissues, all of which appeared normal. It was taken for a fibrous degeneration of the adductor femoris muscle, and the shortening of the limb was ascribed to this degeneration.

The disease was of eight years standing, and was attributed to exposure; the patient had, in sporting, sometimes lain all night on the wet ground.

The operation was performed on the 9th of October, in the following manner:—

An incision was made, commencing at the pubis, and cutting upon the internal edge of the affected muscle and extending about five inches in a semilunar direction. The surface of the adductor longus was then exposed, and cautiously divided with the knife and a pair of scissors, about three inches below its origin from the pubis. The upper portion was found to be converted into a fibrous tissue, which slightly grated under the knife, but the portion below the section contracted, so as to separate the cut edges of the muscle about an inch. The muscle was not degenerated throughout its whole extent, but appeared to be in a healthy condition an inch below the point at which it was divided. Two small arteries required a ligature. The wound in the skin was closed by adhesive plaster, and a compress and roller completed the dressing. The patient was put to bed, and a two pound weight attached the next morning to the left foot, and allowed to hang out of the bed clothes over the back of a chair, so as to make traction in a horizontal direction.

There was no material alteration in the length of the limb, until the next day, when it commenced gradually elongating, and at the end of the week this limb had acquired the same length as the sound one.

On the fifteenth day after the operation, the patient walked with scarcely any impediment in his gait, and on the nineteenth day, the patient went home with his extremity of its natural length, and its motions nearly entirely regained.

The cure in this case is creditable to the skill of the surgeon; but the operation has no claim to novelty. The division of the sterno-mastoid muscle for the cure of wry neck, and of other muscles for the removal of similar deformities, is as well recognized a surgical resource, as is the division of the tendo Achillis for the cure of club foot.

*Tumour at the base of the cranium, producing amaurosis, exophthalmos, and death.*—Dr. S. LITTELL, Jr., one of our colleagues in the Wills Hospital, read before the College of Physicians, in December last, an account of an interesting case of this character. We transcribe it from the *American Medical Intelligence*.

“J. B. aged thirty years, by profession a porter, of medium stature and robust frame, applied for admission into the Wills Hospital, in July of the present year. He was afflicted with amaurosis, not wholly complete, for he could still distinguish light from darkness, but there was a certain obtuseness of expression, which seemed to indicate its origin in some serious organic disease; and had it not been for the importunity with which it was urged, his application would probably have been rejected in consequence. He had recently been an inmate of the Pennsylvania Hospital, whence he had been discharged, as he stated, at his own request, that he might seek entrance into an institution founded with more express reference to the diseases of the eye: and I felt reluc-

tant to send him away, so long as any uncertainty remained of the curableness of his complaint. All doubt upon this subject was removed when time was allowed for a more thorough investigation of the case. He complained of severe pain in the two temples and over the head, aggravated towards evening to such a degree as to deprive him of rest during the greater part of the night; a copious secretion from the nasal cavities of an offensive mucus, passing through the posterior nares, was discharged by the mouth; and symptoms of gastric derangement were also present, the constitution manifestly sympathising with the local affection. Vision first began to be impaired in January, and several physicians had been consulted previous to his admission, the following March, into the Pennsylvania Hospital. He had been once salivated while there, and was now again under the alterative use of mercury. There was no assignable cause for the production of the malady: for though he had been addicted to onanism a year or more before his sight began to fail, this seemed inadequate to explain phenomena which evidently originated in organic mischief. Opium and the abstraction of blood by cupping procured sleep and afforded temporary relief; but had no effect in retarding the progress of the symptoms. The pain was felt over the whole head, but especially in the temporal and occipital regions; he breathed with difficulty through the nostrils; the amaurosis soon became complete, and the eyes unusually prominent. The discharge also grew more profuse, was sometimes mixed with blood, and on two occasions hemorrhage occurred: in one instance to an alarming extent. All hope of improvement from a longer sojourn in the hospital having been abandoned, he was discharged after a few weeks, and I continued my attendance at his home. The subsequent history of this melancholy case may be related in a very few words. The projection of the eyes steadily increased, the palpebra were gradually everted, and the globes nearly protruded from their sockets, and surrounded by the red, swollen and infiltrated conjunctiva, exhibited a sad and revolting appearance. The appetite of the patient, far from being diminished, was morbidly increased; the discharge continued, more puriform in character; a fungous excrescence could be felt in each nostril; but the pain, though still a constant subject of complaint, was happily masked by the attending stupor, from which, however, he could be readily aroused. For the last six or eight weeks of his existence, he was more or less delirious; his appetite decreased, failed altogether, and he became greatly emaciated as the fatal termination grew nigh. Though generally lying in bed, he was still able to sit up, or even to walk about the house; and what is remarkable, evinced a strong desire or craving for ardent spirits, which he had not been accustomed to use when in health; a symptom occasionally noticed as one of the earliest manifestations of insanity. The unfortunate man, reduced to the lowest degree of human wretchedness, a spectacle harrowing to the feelings of his attendants, and the object of compassion to every beholder, at length became comatose; and, after continuing in that state a few days, expired.

"The autopsy, made by candle-light, and under circumstances which precluded a very minute investigation, revealed the following particulars:—The first thing which arrested the attention, on looking at the corpse, was the unusual distance between the inner canthi of the eyes; which, being measured by my friend, Dr. I. Parrish, who kindly assisted in the examination, was found to be two inches and five tenths. On laying aside the calvarium, the vessels of the pia mater were observed to be uncommonly injected; and the cerebrum softened in its anterior lobes, particularly towards their lower portion, but in other respects not deviating from its normal structure. The brain being removed, a firm, irregular tumour was seen projecting from the base of the cranium into the sulcus between the anterior and middle lobes. It appeared to arise from the body of the sphenoid bone, and extended an inch or more in a direction upwards and backwards, pressing upon the optic nerves at their junction, and reaching as far on the right side as the surface of the pars petrosa, to which it was inseparably adherent. In order to obtain a more satisfactory view of its extent and connections, the frontal bone was taken away by sawing across its angular and nasal processes, thereby exposing the cavity of the orbit, and the upper half of the

tumour. The ramifications of the morbid production, which was at least equal in size to a small orange, were now observed extending into and occupying the neighbouring cavities, the orbits, sphenoidal and ethmoidal sinuses—and reaching below as far as the inferior turbinated bone. The delicate laminae composing the ethmoid, still further attenuated by absorption, were situated in the centre of the tumour and entirely involved by it; the cribriform plate was absorbed in its posterior margin to a considerable extent, as were likewise the orbital processes of the os frontis; the whole presenting a sharp, jagged, and irregular outline. The frontal sinuses, which were greatly enlarged and prolonged into the orbital processes, were filled with a dark-coloured viscous secretion; on the left side, the thin shell of bone separating the sinus from the cavity of the orbit, had also been removed, leaving between them a communication several lines in diameter. The consistence of the tumour varied in different parts; above, and where it was connected with the petrous portion of the temporal bone, it was firm, semi-cartilaginous, and of a whitish colour; its section exhibiting a strong resemblance to that of a scirrhus mamma; beneath the cribriform plate it was softer, and in several places presented a medullary or encephaloid appearance; while the inferior division, which has been described as projecting into the nostril, was of intermediate density, and not unlike a polypous excrescence.

“The structure of the morbid growth left no doubt of its malignant character upon the mind either of Dr. Parrish or myself, but the precise spot in which it originated, is shrouded in greater obscurity; perhaps, however, it would be more consonant with all the facts of the case, to refer it to the sphenoidal or posterior ethmoidal cells.

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*American Medical Almanac*.—Dr. J. V. C. Smith, the industrious editor of the Boston Medical and Surgical Journal, has prepared a useful little work, of which the above is the title. It contains a list of the medical schools in the United States, Great Britain, and France, with the names of the professors in each; the titles of the Medical Journals published in this country and in Europe; an alphabetical table of the medicines in use, with their compounds and the doses of each; many prescriptions for particular diseases, and other information of a similar character; is put up in the form of a pocket book, with blank leaves for memoranda. We recommend it to the patronage of the profession.

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11. *Liquefaction and Solidification of Carbonic Acid*.—Much interest was excited here some two or three years since, by the annunciation that a French chemist, M. Thillorrier, had succeeded in liquifying and even solidifying, carbonic acid. No description however of the means employed, or of the apparatus used was given. Dr. J. K. Mitchell, with the zeal in the pursuit of science for which he is distinguished, immediately undertook to contrive an apparatus for the purpose, and aided by the suggestions of an intelligent pupil in France, and with the assistance of some friends here, has had one constructed, with which he has obtained solid carbonic acid in considerable quantities and has been enabled successfully to repeat most of the experiments of the French chemist and to revise some and correct other of his results.

“The apparatus consists of a generator of cast iron, A, supported by a wooden stand, B, a receiver, F, also of cast iron, connected to the generator by a brass tube, and fastened firmly to it by the stirrup screw K.—H, I, J, are stop cocks, G the nozzle of a pipe, L a glass level-gauge, and S, M, R, a pressure-gauge.

“The generator is 20 inches long and 6 inches in diameter exteriorly. Its cavity is 16 inches deep, and 3 inches, nearly, in diameter, so that it will hold about 4 pints. The walls are, of course, about  $1\frac{1}{2}$  inches in thickness. At the top an aperture of two inches in diameter is closed by a strong wrought-iron screw, the shoulder of which is let in about a quarter of an inch. The collar is of block tin turned to the size of the shoulder of the screw. There is a hole in the head of the screw E for the reception of a long, strong iron bar.

“The copper cup, N,  $1\frac{1}{2}$  inches wide, and 9 inches long, holds about 12 fluid ounces. There is a little handle at the top, and a copper wire at the bottom,